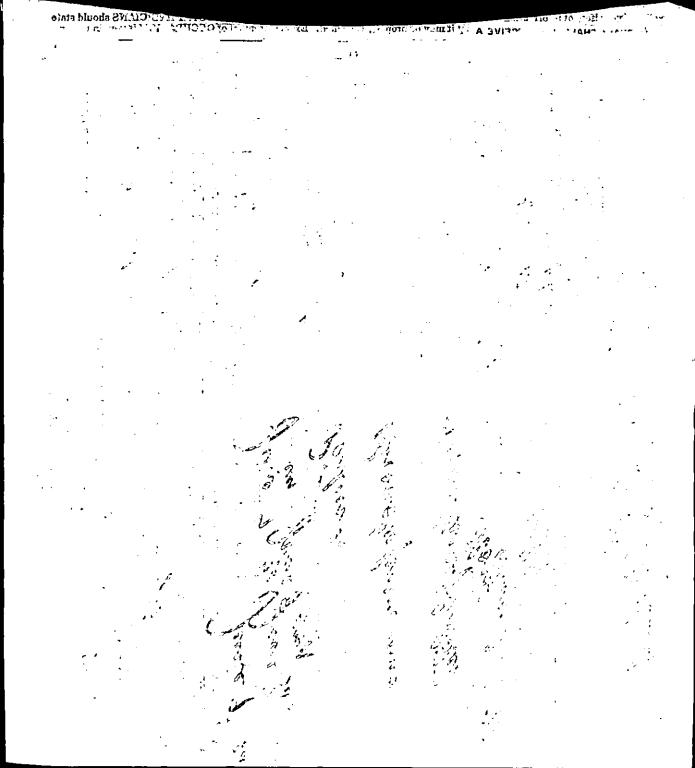
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS is very important. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No...... County..... v Registration District No. Registered No...... (a) Residence, No.....Jo (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. ds. How long in U.S., if of foreign birth? yrs. MEDICAL CERTIFICATE PERSONAL AND STATISTICAL PARTICULARS F DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OF DEATH (MONTH, DAY, AND YEAR) DIVORGED (write the word) attended **5A. IF MARRIED, WIDOWED, OR DIVORCED** HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) causes of death and related causes of importance were as follows: 7. AGE YEARS MONTHS If LESS than I day,hrs. Date of onset ormin. 8. Trade, profession, or particular kind of work done, as spinner, CUPATION sawyer, bookkeeper, etc..... 9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME USE OF DEATH in plain terms, 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?. (STATE OR COUNTRY) 23. If death was due to external seuses (violence), fill in also the following: Accident, suicide, or homicia Date of injury......, 19...... Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN). /2 (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was diseas If so, specify 19. UNDERTAKER. (ADDRESS) 20. FILED Registrar.



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH County...... Registration District No File No. Registered No. 2 2. FULL NAME. (a) Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long In U. S., if of foreign birth? mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (torice the word) I HEREBY CERTIFY, That I attended deceased from 5A, IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** ..., to....., 19..... (OR) WIFE OF I last saw h..... alive op 19 Death is said to have occurred on the total 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) arated above, at.....m. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE MONTHS DAYS day,hrs. Date of onset 8. Trade, profession, or particular kind of work done, as spinner, CCUPATION sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mili, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year) occupation..... 12. BIRTHPLACE (CITY OR TOWN)...... (STATE OR COUNTRY) Ľ 13. NAME What test confirmed diagnosis?..... Was there an autopsy?.... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?.... 16, BIRTHPLACE (CITY OR TOWN)... (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury. 19. UNDERTAKER (ADDRESS) Registrar.

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